

AGRICULTURAL FOOD PROCESSING CLEARANCE ORDER

U.S. Department of Labor
Employment and Training Administration



OMB Approval No. 1205-0134

Read carefully: In view of the statutorily established basic function of the employment service as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the ETA nor the State agencies are guarantors of accuracy or the truthfulness of information contained on job orders submitted by employers. Nor does any job order accepted or recruited upon by the ES constitute a contractual job offer to which ETA or the State agency is in any way a party.																																			
1. INDUSTRY CODE		2. JOB ORDER NUMBER		3. OCCUPATIONAL TITLE AND CODE																															
4. EMPLOYER'S NAME AND ADDRESS (number, street, city, state, zip code and telephone number)				5. ANTICIPATED PERIOD OF EMPLOYMENT From: _____ To: _____																															
				6. CLEARANCE Order Issue Date _____ Job Order Expiration Date _____																															
7. PREFERRED CREW LEADER (worker's name and address)		Social Security Number _____		8. NO. & TYPE OF WORKERS REQUESTED Total number _____ No. individuals _____ No. families _____																															
		Telephone Number _____																																	
9. WAGE RATES, special pay information, and deductions <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Crop Activity</th> <th style="text-align: center;">Flat Rate (Hr/Wk)</th> <th style="text-align: center;">Piece Rate</th> <th style="text-align: center;">Unit</th> <th style="text-align: center;">Est. Hourly Rate Equiv.</th> <th style="text-align: center;">C/L Wage Rate</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <div style="text-align: right;">(See attachment no. _____)</div>		Crop Activity	Flat Rate (Hr/Wk)			Piece Rate	Unit	Est. Hourly Rate Equiv.	C/L Wage Rate	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Leader's Functions Supervisors Yes <input type="checkbox"/> No <input type="checkbox"/> Transports <input type="checkbox"/> <input type="checkbox"/> Pays <input type="checkbox"/> <input type="checkbox"/> Assumes OASI <input type="checkbox"/> <input type="checkbox"/>	
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		_____	_____	_____	_____	_____	_____																												
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		_____	_____	_____	_____	_____	_____																												
_____	_____	_____	_____	_____	_____																														
10. ANTICIPATED HOURS OF WORK Per Week _____ Normal Hours Per Day Sun _____ Mon _____ Thurs _____ Tues _____ Fri _____ Wed _____ Sat _____																																			
11. JOB SPECIFICATIONS (If additional space is needed, please use separate piece of paper, or reverse of this form) <div style="text-align: right;">(See attachment no. _____)</div>																																			
12. LOCATION AND DIRECTIONS TO WORKSITE <div style="text-align: right;">(See attachment no. _____)</div>			13. BOARD ARRANGEMENTS <div style="text-align: right;">(See attachment no. _____)</div>																																
14. LOCATION AND DESCRIPTION OF HOUSING Employer assures the availability of no-cost or public housing which meets the full set of applicable standards (See attachment no. _____)			Number and Capacity of Housing Units <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Barracks</th> <th colspan="2" style="text-align: center;">Family Units</th> <th colspan="2" style="text-align: center;">Single Rooms</th> </tr> <tr> <th style="text-align: center;">No.</th> <th style="text-align: center;">Total Cap.</th> <th style="text-align: center;">No.</th> <th style="text-align: center;">Total Cap.</th> <th style="text-align: center;">No.</th> <th style="text-align: center;">Total Cap.</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> </tr> </tbody> </table> Authorized Capacity _____			Barracks		Family Units		Single Rooms		No.	Total Cap.	No.	Total Cap.	No.	Total Cap.																		
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No.	Total Cap.	No.	Total Cap.	No.	Total Cap.																														
15. REFERRAL INSTRUCTIONS <div style="text-align: right;">(See attachment no. _____)</div>			16. COLLECT CALLS ACCEPTED Yes No By Employer <input type="checkbox"/> <input type="checkbox"/> By Order Holding Office <input type="checkbox"/> <input type="checkbox"/>																																
17. TRANSPORTATION ARRANGEMENTS <div style="text-align: right;">(See attachment no. _____)</div>			18. DISTRIBUTION OF CLEARANCE ORDER																																
19. ADDRESS OF ORDER HOLDING OFFICE (include telephone number)			20. EMPLOYER'S CERTIFICATION: This job order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job. Signature _____																																
NAME OF AGENCY REPRESENTATIVE (include telephone number)				Title																															

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Ave., NW, Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1205-0134), Washington, DC 20503.